DEATHS FROM CANCER CLASSIFIED ACCORDING TO PART OF BODY AFFECTED
SHOWING PER CENT. WITH DIAGNOSIS UNCERTAIN, REGISTRATION AREA OF
UNITED STATES, 1914.

Part of Body Affected.	Number of Deaths Excluding Those with Diagnosis Unknown.	Cases where Diagnosis was Uncertain.	
		Number.	Per Cent.
Breast............................:	5,421	1	0
Skin...................................	1,957	0	0
Jaw....................................	851	1	0
Tongue................................	614	0	0
Lip....................................	376	0	0
Mouth.................................	230	0	0
Vagina and vulva......................	184	0	0
Testes..............................	121	0	0
Uterus................................	7,468	8	0.1
Larynx................................	341	1	0.3
Rectum................................	2,164	14	0.6
Ovary and fallopian tube..............	366	56	15.3
Pancreas..............................	567	219	38.6
Kidneys and suprarenals...............	434	171	39.4
Brain.................................	98	39	39.8
Bladder...............................	764	305	39.9
Peritoneum and mesentery.............	387	159	41.1
Bones (except jaw)....................	359	156	43.5
Prostate..............................	625	314	50.2
Intestines............................	3,121	1,632	52.3
Lung and pleura.......................	278	157	56.5
Pharynx...............................	42	24	57.1
Esophagus.............................	484	285	58.9
Liver and gall bladder................	4,777	3,421	71.6
Stomach...............................	9,681	6,973	72.0

These results furnish a test of the agreement between the classification by the American Census Bureau into cases of certain and uncertain diagnosis and the classification by Messrs. King and Newsholme into accessible and inaccessible cases. The English authorities included under accessible only cancers of the tongue, mamma, uterus, and vagina. The foregoing figures confirm this classification in every respect, but suggest that to these might well have been added cancers of other parts of the mouth' than the tongue, of the skin, of the larynx, of the testes, and of the rectum. But cancers of the skin, the mouth, and the testes were not given separately in the Frankfort printed sources which they used, and they point out that, in their figures, cancers of the larynx and the rectum were so few or increased so little that a change in the classification of these would not affect the argument.

We may conclude that the dual classification of Messrs. King and Newsholme is justified by these results. A sharp line separates the accessible cases from the inaccessible and to

the former class, in addition to those placed there by Messrs. King and Newsholme, belong cancers of the mouth, larynx, skin, rectum, and testes.   But the cases of inaccessible cancer may be ranged roughly in a series according to the reported uncertainty of the diagnosis from cancer of the ovary and fallopian tube at one extreme to cancer of the stomach, liver, and gall bladder at the other.   If the increase of cancer is largely due to improved diagnosis and the classification of cases according to the part of the body affected is correct and complete, then the rapidity of increase in the reported rate for inaccessible cancer of any particular internal organ and the period through which it persisted would probably vary with the difficulty of diagnosis.   It may be wise in future to attempt an improvement of the method introduced by Messrs. King and Newsholme in conformity with this suggestion, but for the present the American material is entirely inadequate for such a study and that from other countries cannot be easily found or interpreted with confidence.

9. Is the rate of cancer mortality lower and its increase faster among men than among women?

The evidence upon which an affirmative answer to both branches of this question is based has already been reviewed in the examination of that part of Messrs. King and Newsholme's argument (pp. 705, ff.).

10. Does the increase of cancer mortality depend upon the initial rate, being high when that rate is small and diminishing or even disappearing when it approaches or reaches a certain high rate?

If the assumption which we are trying to test is correct, if the true death rate from cancer varies only with age and all other variations in the reported rates depend upon the accuracy of those rates and so upon the accuracy of diagnosis, then the increase would be likely to depend upon and vary with the initial rate.   So long as the reported rate remained far below the true rate, the increase might be constant or might vary irregularly; but when the reported rate drew near the true rate and the opportunities for further improvements of diagnosis began to disappear, the increase would inevitably slacken. On the other hand, if the spread of the disease were actual, there would be no apparent reason why the disease should

grow only towards or to some fixed limit. With the large amount of material recently brought together by the various international compilations, it has become possible to test this inference from our assumption on a scale hitherto quite out of the question.

We may test the theory first in its application to the 22 countries for which the cancer death rates have been computed from data found in *March*.* From these rates quinquennial averages have been computed and the average increase in these per cents. has been determined, the results being given in the following table:

Range of Quinquennial Rates.	Number of Rates Involved.	Average Rate of Increase in Next Five Years.	
		Amount.	Per Cent.
0–29	10	4.7	21.7
30–39	19	6.5	18.9
40–49	20	6.7	15.1
50–59	17	8.6	15.9
60–69	15	8.3	12.8
70–79	6	7.5	9.8
80–89	5	10.7	12.7
90–99	8	5.3	5.5
100+	5	4.0	3.5

* The data speak for the following countries and dates, a total of 694 years.

Country.	Period.	Number of Years.
England and Wales	1858–1910	53
Scotland	1855–1910	56
Ireland	1864–1910	47
Norway	1870–1910	41
Austria	1873–1910	38
Switzerland	1877–1910	34
German Empire	1892–1910	19
Prussia	1875–1910	36
Bavaria	1888–1910	23
Saxony	1892–1910	19
Würtemberg	1892–1910	19
Holland	1875–1910	36
Spain	1900–1910	11
Italy	1887–1910	24
Serbia	1892–1910	19
New South Wales	1875–1910	36
Victoria	1864–1910	47
Queensland	1879–1910	32
South Australia	1879–1910	32
West Australia	1891–1910	20
Tasmania	1891–1910	20
New Zealand	1879–1910	32

The cancer death rates for each country in each year will be found in Appendix, Table XX. In some instances they will be seen to differ slightly from the rates given in *Hoffman*. As the *March* volumes received the coöperation and aid of the statistical offices of the various countries and I have found no reason to question their accuracy, I must ascribe these differences to differences in classification. I believe the early and later figures for each country in *March* are comparable and that is the important matter.

With two exceptions the per cent. of increase in the cancer mortality fell as the initial rate rose and after the initial rate reached 80 the average amount of increase also fell rapidly as the initial rate rose.

A similar line of argument has been applied to the larger and more trustworthy body of material in *Falkenburg* and *Hoffman* for cities of at least 100,000 population. Each 5 year rate for each city has been obtained, these rates have been arranged in order of size, the increase (or decrease) between each 5 year rate and that for the following 5 years obtained and from these figures the average increase for each group within certain limits has been found. The results have been brought together in the following summary:

Range of Quinquennial Rates.	Number of Rates Involved.	Average Rate of Increase in Next Five Years.	
		Amount.	Per Cent.
0– 9	11	1.0	19.1
10–19	6	8.4	59.4
20–29	11	8.2	31.7
30–39	32	6.3	17.9
40–49	63	7.2	16.0
50–59	76	7.5	13.6
60–69	83	7.1	11.1
70–79	74	9.6	12.9
80–89	44	6.4	7.5
90–99	46	4.1	4.3
100+	85	4.9	4.2

Here, too, the average per cent. of increase falls almost from the start as the initial rate rises and the amount of increase also falls rapidly after a certain rate, in this instance 70 per 100,000, is reached.

To supplement this information for the leading countries and cities of the world, I have employed the returns of the annual volumes of American *Mortality Statistics* for the 15 year period, 1900–1914. They embrace 49 American cities, each having at least 100,000 inhabitants in 1910, while the preceding tabulation included less than half as many American cities. In this case, instead of computing quinquennial averages, the rate in 1900 has been compared with that in 1914.

Range of Initial Rates.	Number of Rates Involved.	Average Rate of Increase in Next Fourteen Years.	
		Amount.	Per Cent.
30–39	3	42.0	116.0
40–49	5	31.3	68.7
50–59	10	31.6	58.6
60–69	18	28.4	44.6
70–79	6	21.7	29.1
80+	7	17.7	20.4

Here, too, it appears that the average per cent. of increase slackens regularly and rapidly as the initial amount rises. The average amount of increase also falls regularly but the change does not appear until a certain rate, in this case 50 per 100,000, is reached.

One more effort to widen the inductive evidence has been made. In *Mortality Statistics, 1909,* the death rates from cancer in each year of the preceding decade is reported for 142 cities which in 1910 had between 20,000 and 100,000 inhabitants. These cities are so small that it is unsafe to take the death rate of a single year as a standard. To avoid the difficulty, I have compared their average cancer death rate 1900–1904 and 1905–1909 city by city. As a shorter period of time is used, the results are correspondingly less important.

Range of Quinquennial Rates.	Number of Rates Involved.	Average Rate of Increase in Next Five Years.	
		Amount.	Per Cent.
0–39	9	12	35
40–59	54	11	22
60–79	50	9	15
80+	29	10	12

The preceding table shows that these smaller cities in general conform to the rule already illustrated in the rates for the foreign countries and larger foreign and American cities. In the death rate of the cities with a low initial rate the absolute increase somewhat exceeds that in cities with a high initial rate and the percentage of increase, which in my judgment is

the fairer test, is much more rapid. The results from an extensive study of all these compilations of cancer statistics corroborate each other and constitute, I believe, strong evidence in support of the theory that the apparent increase in cancer mortality is not real.

Arguments from analogy are seldom of value in matters of this sort, but one analogy, that of appendicitis, seems to deserve mention. The opinions of physicians and surgeons regarding the actual increase of this disease diverge as widely as they do regarding the increase of cancer. Yet a confident belief in the increase of appendicitis is probably less general than the same belief regarding cancer, a larger proportion of medical men being ready to ascribe the increase of appendicitis to better diagnosis. Indeed many physicians are surprised to learn that in that part of the United States for which the facts are known the deaths reported from appendicitis are multiplying as fast as deaths from cancer. The following figures show the rates and the increase of each disease in the registration states of 1900 for each year between that date and the present.

Year.	Death Rate per 100,000 Population.		Ratio of Rate to that of 1900 = 100.	
	Cancer.	Appendicitis.	Cancer.	Appendicitis.
1900	63.9	8.8	100	100
1901	65.8	8.8	103	100
1902	65.6	8.8	103	100
1903	69.0	9.6	108	109
1904	70.4	10.3	110	117
1905	72.4	10.2	113	116
1906	73.1	10 3	114	117
1907	75.7	10 2	118	116
1908	76.8	10.3	120	117
1909	79.4	10.8	124	123
1910	83.0	11.1	130	126
1911	83.9	11.3	131	128
1912	85.9	11.0	134	125
1913	88.7	11.6	139	132
1914	89.1	12.2	139	139
1915	91.8	12.3	144	140

A similar but more rapid spread of appendicitis in England is indicated by the reports. The mortality from it before 1901 is unknown. "The recorded death rate has increased

* For complete figures see Appendix, Table XXXIII.

from 38 per 1,000,000 in 1901 to 66 in 1910." How much of this increase in either country is due to the better diagnosis of a disease which always attacks an inaccessible organ, I see no present means of determining.

SUMMARY OF RESULTS

The reported mortality from cancer is increasing in almost every part of the world, but the real mortality, if increasing at all, is certainly not increasing with equal rapidity.

To determine whether there is a real increase or to justify a denial of it, such parts of the reported increase as are not real must be measured and substracted from the total, in order to ascertain whether there is a residuum not thus to be explained away. For dealing with this problem, corrected, or standardized, death rates are likely to be misleading rather than helpful because the amount and rate of increase shown by them depend largely upon the standard used. This conclusion opens a way for using the data in the international compilations recently published, none of which are in the shape of corrected rates or can readily be converted into them.

A substitute for standardized rates as a way of measuring how much of the increase in the reported death rates from cancer is due to changes in the sex and age composition of a population during any period studied has been applied to 5 cases with the result that between one sixteenth and fourteen sixteenths and, on the average, one third, of the increase was found to be so accounted for. Evidently the part varies widely, but to assume that not less than one tenth of the reported increase of cancer mortality is due to changes in sex and age composition seems a conservative inference.

The remainder, perhaps nine tenths of the increase, must be explained by improved diagnosis, or accepted as actua .

Cancer mortality is lower but increasing faster among men than among women. Both differences may be due to the fact that among men the organs chiefly attacked by cancer are inaccessible while among women they are accessible. Hence the scope for improving the diagnosis of cancer among men was and is much wider.

England and Wales, *73rd Annual Report of the Registrar General* (1910), p. lxxii.

The argument that the Frankfort corrected rates, 1860–1890, indicate that the increase was confined to inaccessible cancer and, therefore, was probably due entirely to improved diagnosis is strengthened by compiling the Frankfort data, 1890–1913, from official manuscript sources, nearly doubling the period observed and trebling the material.

When the death return comes from anyone but a physician, the cause of death is seldom reported as cancer. Hence there is a uniform and close connection between the proportion of deaths certified by physicians and the proportion ascribed to cancer.

The reported cancer mortality is low in those Austrian provinces where medical certificates are few and higher where they are many. A similar relation is suggested in Europe when the countries are arranged in order of cancer mortality, Switzerland having the highest rate and Serbia the lowest. This is of the first importance for the present problem, because in many countries the proportion of deaths certified by physicians is rapidly rising. Even when this is not the case, the proportion of ignorant and incompetent physicians is usually decreasing, a change which would tend to the same result.

At ages when the cancer mortality is highest the proportion of deaths certified by physicians to all deaths is much lower than in early middle life. Hence at those high ages there has been more room for a change from certification by a layman to certification by a physician and probably such changes have been made on a large scale.

The increase in cancer mortality is greatest at the upper ages, when the economic value of a life is least and diagnosis a few decades ago was probably most faulty.

The facilities for diagnosing cancer by microscopical examination of the diseased tissues, etc., are probably better in cities than in the country and better in hospitals than in general practice. Hence the disproportionate increase of urban population, the multiplication of hospital beds and, in many European countries, the increase of autopsies make for greater accuracy in the diagnosis of cancer.

The deaths ascribed to ill-defined or unknown causes in the American registration states of 1900 decreased between 1900

and 1915 to less than one tenth of the initial number and the death rate still faster. If these deaths no longer ascribed to ill-defined or unknown causes were distributed over the other causes in a random way, the transfer to cancer accounted for about one ninth of the increase in the reported mortality from that disease. This is probably an understatement of the proportion to be so explained. Similar changes have occurred in many other countries.

The deaths ascribed to tumor in the American registration states of 1900 decreased between 1900 and 1915 to a little over one fourth and the rate to one fourth of the initial figure. Where deaths were reported in 1900 only by enumerators, and so negligently, the proportion ascribed to tumor to all ascribed to tumor or cancer was 7 times as great as within the registration area in the same year. The change from tumor to cancer in the registration states between 1900 and 1914 and in Massachusetts between 1855 and 1912 seems to account for one twentieth of the increase in the cancer death rate. English evidence seems to corroborate the American.

The deaths ascribed to old age in the American registration states of 1900 decreased between 1900 and 1915 to a little more than two fifths, and the rate to less than one third, of the initial figure. The transfers from old age to cancer probably account for at least one eighth of the increase of cancer mortality in those states, 1900–1915.

The measurable influences swelling the increase in the reported mortality from cancer above the true mortality, namely, the increasing proportion of elderly persons in the population, the transfers from ill-defined and unknown causes, from tumor and from old age to cancer seem to account in the American registration states for fully one half of the reported increase, leaving another half to be otherwise explained or accepted as real.

Arguments contributing to explain away this remaining half either cannot yet be stated in the quantitative form, or, if so, cannot be combined with the preceding by any process of addition.

If it should prove to be a general rule, as it apparently is true in Frankfort, that the increase is confined to mortality

from inaccessible cancer, that would go far towards establishing the view that the whole increase was only apparent. But notwithstanding fragments of evidence from other districts, this form of argument is still restricted in the main to the Frankfort material.

In cities the cancer mortality is usually higher but increasing more slowly than in country districts and that notwithstanding the larger proportion of aged persons with high cancer mortality in the country. This may be connected with the larger proportion, greater accessibility and expertness of city physicians,—factors which have brought to the city records a large number of cancer deaths which would have been reported otherwise in the country. The difference between the two regions is decreasing and will perhaps continue to decrease, as the improvement in city records slackens as they approach perfection and the improvement in the country records accelerates for a time.

Cancer mortality among Negroes in the United States is lower but increasing faster than among whites. It seems likely that this is due to marked but diminishing differences in correctness of diagnosis.

The increase in cancer mortality varies roughly with the size of the initial rate, tending, after a certain moderately high rate is reached, to decrease as the initial rate rises.

In England and the United States the increase in cancer mortality is parallel with the increase in mortality from appendicitis and both may be due entirely, as they certainly are in large degree, to the improvement of diagnosis.

The cumulative evidence that improvements in diagnosis and changes in age composition explain away more than half and perhaps all of the apparent increase in cancer mortality rebuts the presumption raised by the figures and makes it probable, although far from certain, that cancer mortality is not increasing.

APPENDIX

TABLE I (a)

DEATH RATE FROM CANCER CLASSIFIED BY SEX FOR CONNECTICUT, MAINE, MASSACHUSETTS, NEW HAMPSHIRE AND RHODE ISLAND, BY FIVE YEAR PERIODS, 1896–1910.

Period.	Population.	Deaths from Cancer.	Death Rate per 100,000 Population.
	MALE.		
1896–1900	12,462,345	5,755	46.2
1901–1905	13,539,529	7,253	53.6
1906–1910	14,863,173	9,136	61.5
	FEMALE.		
1896–1900	12,839,093	11,592	90.3
1901–1905	13,891,724	14,016	100.9
1906–1910	15,102,303	16,741	110.9

(a) Data from *Hoffman*, pp. 456–469.

TABLE II (a)

DEATH RATE FROM CANCER CLASSIFIED BY SEX, REGISTRATION STATES AS CONSTITUTED IN 1900, (b) FOR YEARS 1900–1915.

Year.	Population.	Deaths from Cancer.	Death Rate per 100,000 Population.
	MALE.		
1900	10,004,754	4,703	47.0
1901	10,222,010	4,982	48.7
1902	10,439,266	4,950	47.4
1903	10,656,522	5,393	50.6
1904	10,873,778	5,631	51.8
1905	11,091,034	5,881	53.0
1906	11,308,290	6,136	54.3
1907	11,525,546	6,454	56.0
1908	11,742,802	6,606	56.3
1909	11,960,058	7,115	59.5
1910	12,177,315	7,626	62.6
1911	12,394,571	7,962	64.2
1912	12,611,827	8,101	64.2
1913	12,829,083	8,617	67.2
1914	13,046,339	8,915	68.3
1915	13,263,595	9,589	72.3

FEMALE.

1900	9,990,458	8,066	80.7
1901	10,186,856	8,456	83.0
1902	10,383,254	8,703	83.8
1903	10,579,652	9,257	87.5
1904	10,776,051	9,616	89.2
1905	10,972,450	10,102	92.1
1906	11,168,849	10,290	92.1
1907	11,365,248	10,870	95.6
1908	11,561,647	11,290	97.7
1909	11,758,046	11,715	99.6
1910	11,954,444	12,398	103.7
1911	12,150,842	12,634	104.0
1912	12,347,240	13,350	108.1
1913	12,543,638	13,880	110.7
1914	12,740,037	14,052	110.3
1915	12,936,437	14,472	111.9

(a) Figures from a manuscript table kindly furnished the writer by the Bureau of the Census.
(b) Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, District of Columbia, Indiana, and Michigan.

TABLE III. (a)

DEATH RATE FROM CANCER CLASSIFIED BY SEX, FOR FOURTEEN AMERICAN CITIES, (b) BY FIVE YEAR PERIODS, 1891–1910.

Period.	Population.	Deaths from Cancer.	Death Rate per 100,000 Population.
	MALE.		
1891–1895	12,805,336	5,059	39 4
1896–1900	16,461,766	7,543	45.8
1901–1905	20,382,334	10,631	52.1
1906–1910	23,045,672	14,245	61.8
	FEMALE.		
1891–1895	13,255,922	9,535	71.9
1896–1900	16,962,809	13,173	77.7
1901–1905	20,851,575	17,885	85.8
1906–1910	23,409,743	22,345	95.5

(a) Data from *Hoffman*, pp. 475, ff.   The figures for New York City speak for Greater New York since 1898 and for Manhattan and Bronx Boroughs before that date.   The cancer mortality of Brooklyn by sex 1891–1898 is unknown.
(b) Augusta, Ga., Boston, Cincinnati, Cleveland, Hartford, Nashville, New Haven, New York City, Philadelphia, Providence, Richmond, Springfield, Mass., St. Louis, Washington.

TABLE IV. (a)

DEATH RATE FROM CANCER CLASSIFIED BY SEX, FOR ENGLAND AND WALES, IRELAND, NORWAY, BAVARIA, ITALY, NEW SOUTH WALES, VICTORIA, SOUTH AUSTRALIA, QUEENSLAND, TASMANIA, NEW ZEALAND, BERMUDAS, AND JAMAICA, BY FIVE YEAR PERIODS, 1896–1910.

Period.	Population.	Deaths from Cancer.	Death Rate per 100,000 Population.
MALE.			
1896–1900	199,454,004	113,988	57.2
1901–1905	207,654,862	132,566	63.8
1906–1910	215,633,636	155,607	72.2
FEMALE.			
1896–1900	205,838,996	158,280	76.9
1901–1905	214,802,328	178,108	82.3
1906–1910	224,589,489	200,667	89.4

(a) Data from *Hoffman*, pp. 596, ff.

TABLE V. (a)

DEATH RATE FROM CANCER CLASSIFIED BY SEX, FOR CERTAIN FOREIGN CITIES, (b) BY FIVE YEAR PERIODS, 1896–1910.

Period.	Population.	Deaths from Cancer.	Death Rate per 100,000 Population.
MALE.			
1896–1900	34,316,038	27,581	80.4
1901–1905	36,819,660	33,243	90.3
1906–1910	39,343,588	39,118	99.4
FEMALE.			
1896–1900	37,160,633	39,996	107.6
1901–1905	40,045,459	46,070	115.0
1906–1910	42,691,732	51,277	120.1

(a) Data from *Hoffman*, pp. 605, ff.
(b) London, Sheffield, Liverpool, Manchester, Cities of Denmark, Bremen, Berlin, Frankfort, Munich, Paris, Budapest, Sydney, Toronto, Buenos Aires.

TABLE VI. (a)

DEATHS FROM CANCER IN FRANKFORT-ON-MAIN AT ALL AGES, CLASSIFIED BY PART OF BODY AFFECTED.

Part of Body Affected.	1860–1866		1867–1873		1874–1880		1881–1887		1888–1893(b)		1894–1899(c)		1900–1904		1905–1909		1910–1913		Total		
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Both
Position undefined	33	29	18	30	42	20	58	55	31	32	26	29	26	38	42	74½	42	63	318	370	688
Nervous system	5	3	8	5	4	1	10	10	2	4	3	3	4	6	6	1	2	2	38	35	73
Heart																			3	1	4
Respiratory organs	2	1	2	1	8	4	8	3	8	1	20	11	29	13	39	36	31	23	147	106	253
Tongue	4	3	4		1	4	7	1	10	1	10	2	8	1	12		13	4	69	13	82
Esophagus and pharynx	6	2	5	3	15	4	30	11	41	4	62	10	69	17	87	15	51	16	366	82	448
Stomach	36	55	46	58	80	73	104	121	110	108	136	147	212	196	227	263	261	248	1212	1269	2481
Intestines	19	17	18	29	38	37	22	57	54	45	73	48	91	93	135	136	137	93	587	555	1142
Intra and retro-peritoneal	5	5	6	16	9	18	9	20	11	22	12	36	8	31	8	31	6	25	77	204	281
Liver	23	27	36	40	51	57	67	72	33	73	50	106	64	108	88	127	68	128	480	738	1218
Pancreas and spleen		1	1	1	4	1	1	4	1	4	5	3	9	11	8	9	5	4	34	38	72
Kidneys	1	1	4	2	4	2	7	3	7	1	9	3	6	3	10	5	5	8	53	28	81
Prostate, urinary bladder and penis	7		10		7		14	5	9	5	24	17	33	9	30	11	34	20	168	73	241
Uterus		69		96		117		159		158		148		182		206		161		1296	1296
Ovaries		9		9		17		20		30		14		8		14		13		134	134
Mamma		43		42		60		41	1	63		55		72		83	1	101	2	560	562
Vagina						5		5		5		4		2		3		20		47	47
Bone	2	1	2	2	5	2	5	1	4	4	13	11	13	13	16	23	12	14	72	67	139
Total	143	267	160	338	268	422	342	588	322	571	443	647	572	803	708	1037	668	943	3626	5616	9242

(a) Figures from 1860 to 1887, inclusive, derived from *King and Newsholme*, Table XIII. Figures for later years derived from manuscript tables from the Frankfort Statistical Office.
(b) Omitting the year 1890, for which the figures were not available,
(c) Omitting the year 1896, for the above reason,

TABLE VII. (a)

DEATHS FROM CANCER IN FRANKFORT-ON-MAIN OVER TWENTY YEARS OF AGE.

Age.	1860–1866 Males.	1860–1866 Females.	1867–1873 Males.	1867–1873 Females.	1874–1880 Males.	1874–1880 Females.	1881–1887 Males.	1881–1887 Females.	1888–1893 (b) Males.	1888–1893 (b) Females.
20–29	3	5	5	3	7	5	6	15	1	9
30–39	10	13	17	32	19	40	34	50	15	53
40–49	18	51	20	65	47	92	57	123	66	101
50–59	50	86	40	95	60	112	94	143	106	166
60–69	36	70	47	80	79	99	88	151	80	153
70–79	19	35	26	54	43	67	46	75	47	66
80+	4	4	3	5	5	5	5	20	6	17
Total......	140	264	158	334	260	420	330	577	321	565

Age.	1894–1899 (c) Males.	1894–1899 (c) Females.	1900–1904 Males.	1900–1904 Females.	1905–1909 Males.	1905–1909 Females.	1910–1913 Males.	1910–1913 Females.	Total. Males.	Total. Females.	Total. Both.
20–29	8	5	9	13	12	12	11	9	62	76	138
30–39	26	48	41	59	25	55	41	70	228	420	648
40–49	68	130	73	130	88	179	99	160	536	1,031	1,567
50–59	138	188	148	238	208	284	145	246	989	1,558	2,547
60–69	123	175	189	215	255	298	238	260	1,135	1,501	2,636
70–79	62	84	90	121	95	166	118	158	546	826	1,372
80+	10	14	17	25	15	34	7	32	72	156	228
Total	435	644	567	801	698	1,028	659	935	3,568	5,568	9,136

(a) Figures from 1860 to 1887, inclusive, derived from *King and Newsholme*, Table XIV. Figures for later years derived from manuscript tables from the Frankfort Statistical Office.
(b) Omitting the year 1890, for which the figures were not available.
(c) Omitting the year 1896, for which the figures were not available.

TABLE VIII. (a)

DEATHS FROM CANCER IN FRANKFORT-ON-MAIN OVER TWENTY YEARS OF AGE CLASSIFIED INTO ACCESSIBLE CANCER, INACCESSIBLE CANCER AND CANCER IN UNDEFINED POSITION.

ACCESSIBLE CANCER.

Age.	1860–1866 M.	1860–1866 F.	1867–1873 M.	1867–1873 F.	1874–1880 M.	1874–1880 F.	1881–1887 M.	1881–1887 F.	1888–1893 (b) M.	1888–1893 (b) F.	1894–1899 (c) M.	1894–1899 (c) F.	1900–1904 M.	1900–1904 F.	1905–1909 M.	1905–1909 F.	1910–1913 M.	1910–1913 F.	Total M.	Total F.	Both.
20–29		1								4			1	5		4		4	1	19	20
30–39		6	1	19		21	1	26	1	30		20		29		30		27	3	208	211
40–49		36	2	28		53	4	63	7	55	4	53	1	59	5	70	5	78	28	495	523
50–59	6	40		51		51	1	62	4	71	7	71	5	87	6	96	7	69	36	598	634
60–69	3	25	6	30		46	2	34	3	53	3	48	2	58	5	72	6	71	27	437	464
70–79		7		14	1	14	1	13	1	15		15	2	22	2	27	4	33	11	160	171
80+	1					1		1		4	•			4		6	2	10	3	39	42
Total...	10	115	9	143	1	186	7	206	15	229	14	211	11	266	18	305	24	295	109	1956	2065

INACCESSIBLE CANCER.

20–29	1	4	3	3	6	5	1	10		8	6	5	8	7	11	7	10	4	46	53	99
30–39	4	6	13	11	17	15	21	21	11	20	22	27	39	26	23	25	37	32	187	183	370
40–49	14	9	15	33	40	36	44	46	51	41	63	72	67	66	77	96	89	70	460	469	929
50–59	34	36	35	34	50	54	80	64	93	91	122	1‥‥	‥11	11‥	‥‥	1‥‥	111	1‥‥	‥‥‥	864	1744
60–69	27	39	38	44	71	50	78	104	75	94	118	117	1‥‥	151	‥1‥	‥1‥	‥‥1	17‥	1‥‥‥	986	2041
70–79	16	23	25	36	32	50	42	59	43	45	59	67	84	93	89	133	107	120	497	626	1123
80+	1	4	3	3	4	4	3	14	6	11	10	10	15	17	15	24	4	22	61	109	170
Total.	97	121	132	164	220	214	269	318	279	310	400	406	536	506	648	664	605	587	3186	3290	6476

CANCER, POSITION UNDEFINED.

20–29	2		2		1		5	1	1		2		1	1	1	1	1	15	4	19
30–39	6	1	3	2		4	12	3	3	3	4	1	2	4	2	3	4	8	38	29	67
40–49	4	6	3	4	7	3	9	14	8	5	1	5	5	5	6	13	5	12	48	67	115
50–59	10	10	5	10	10	7	13	17	9	4	9	9	2	5	11	21	4	13	73	96	169
60–69	6	6	3	6	8	3	10	13	3	6	2	10	5	6	8	14	8	14	53	78	131
70–79	3	5	1	4	10	3	3	3	3	6	3	2	4	6	4	6	7	5	38	40	78
80+	2			1	1		2	2		2			2	2		1	1		8	8	16
Total...	33	28	17	27	39	20	54	53	27	26	21	27	20	29	32	59	30	53	273	322	595

(a) Figures from 1860 to 1887, inclusive, derived from *King and Newsholme.* Table XIV continued. Figures for later years derived from German census report and the Statistical Office.

(b) Omitting the year 1890, for which the figures were not available.

(c) Omitting the year 1896, for the same reason.

TABLE IX. (a)

POPULATION AT RISK IN FRANKFORT-ON-MAIN.

Age.	1860–1866	1867–1873	1874–1880	1881–1887	1888–1893 (b)	1894–1899 (c)	1900–1904	1905–1909	1910–1913
				MALES.					
20–29	90,404	76,174	90,222	96,183	97,888	134,459	173,683	192,245	169,211
30–39	42,294	49,166	69,410	87,654	70,964	93,702	124,430	154,841	158,092
40–49	29,201	30,964	40,993	57,471	51,794	65,878	77,958	93,107	97,586
50–59	18,924	30,036	23,860	30,224	29,154	41,070	51,297	57,152	53,499
60–69	10,850	11,556	12,918	16,158	13,586	18,124	24,008	29,540	29,912
70–79	3,700	4,228	5,116	6,292	5,109	6,506	7,898	9,240	9,984
80+	617	750	919	1,137	842	1,091	1,319	1,454	1,381
Total	195,990	192,874	243,438	295,119	269,337	360,830	460,593	537,579	519,665
				FEMALES.					
20–29	74,536	85,365	108,009	133,871	119,057	157,951	193,103	213,162	192,782
30–39	40,880	50,361	70,137	91,459	76,921	99,789	126,516	154,969	156,157
40–49	27,260	31,019	41,705	60,116	54,239	69,218	82,207	97,156	98,545
50–59	19,645	21,320	26,813	34,575	33,308	46,071	56,964	64,094	61,067
60–69	12,172	13,881	16,524	21,439	18,143	24,286	31,934	38,166	37,998
70–79	4,272	5,288	7,008	8,957	7,774	9,975	11,951	14,077	14,508
80+	1,110	944	1,077	1,904	1,632	1,879	2,296	2,630	2,490
Total.	179,875	208,178	271,273	352,321	311,074	409,169	504,971	584,254	563,547

(a) Figures from 1860 to 1887, inclusive, derived from *King and Newsholme*, Table XV. Figures for later years derived from German census report.

(b) Omitting the year 1890, for which the figures were not available.

(c) Omitting the year 1896, for which the figures were not available.

TABLE X. (a)

FRANKFORT. ANNUAL DEATHS FROM CANCER IN 1,000,000 LIVING, AT LEAST TWENTY-FIVE YEARS OF AGE. POPULATION DISTRIBUTED IN AGE GROUPS ACCORDING TO ENGLISH LIFE TABLE NO. 3—PERSONS.

Period.	Accessible.	Inaccessible.	Position Undefined.	Total.
MALES.				
1860–1866	126	1,118	359	1,603
1867–1873	88	1,421	137	1,646
1874–1880	14	1,913	363	2,290
1881–1887	35	1,865	305	2,205
1888–1893 (b)	91	2,289	171	2,551
1894–1899 (c)	66	2,489	104	2,659
1900–1904	51	2,742	118	2,911
1905–1909	68	2,791	119	2,981
1910–1913	119	2,522	130	2,771
FEMALES.				
1860–1866	1,081	1,323	293	2,697
1867–1873	1,214	1,540	254	3,008
1874–1880	1,220	1,588	131	2,939
1881–1887	981	1,820	272	3,073
1888–1893 (b)	1,275	1,959	174	3,408
1894–1899 (c)	903	1,936	122	2,961
1900–1904	914	2,013	115	3,042
1905–1909	925	2,311	180	3,416
1910–1913	913	2,057	152	3,122

(a) Figures from 1860 to 1887, inclusive, derived from *King and Newsholme*, Table XVI.   Figures for later years derived from corresponding values from *Newsholme's Annual(?)*.
(b) Omitting the year 1890, for which the data were not available.
(c) Omitting the year 1895, for which the data were not available.

TABLE XI.

STANDARD MILLION, ENGLAND AND WALES, AS SHOWN BY ENGLISH LIFE TABLE NO. 3 AND BY CENSUS OF 1881.

Age Period.	English Life Table No. 3.	Census of 1881.
MALES.		
Under 5	49,630	67,669
5–9	42,710	60,389
10–14	41,210	53,985
15–19	40,150	48,828
20–24	38,700	42,825
25–29	36,980	37,238
30–34	35,190	32,890
35–39	33,300	29,095
40–44	31,250	25,493
45–49	28,990	21,640
50–54	26,430	18,140
55–59	23,470	15,550
60–64	20,070	12,268
65–69	16,110	8,946
70–74	11,670	6,064
75–79	7,230	3,541
80–84	3,590	1,503
85–89	1,320	448
90–94	330	101
95+	50	15
	488,380	486,628

FEMALES.

Under 5	51,000	67,882
5–9	44,320	60,783
10–14	42,740	53,826
15–19	41,570	49,239
20–24	39,990	46,810
25–29	38,140	40,465
30–34	36,210	35,455
35–39	34,190	31,190
40–44	32,100	27,439
45–49	29,920	23,660
50–54	27,630	20,236
55–59	25,010	17,309
60–64	21,790	13,935
65–69	17,910	10,507
70–74	13,400	7,301
75–79	8,700	4,431
80–84	4,590	2,000
85–89	1,820	670
90–94	500	197
95+	90	37
	511,620	513,372

TABLE XII.

STANDARDIZED CANCER DEATH RATES FOR FRANKFORT, BASED ON ENGLISH
LIFE TABLE NO. 3 AND ON ENGLISH CENSUS OF 1881.

Age.	Standard Million.		Cancer Death Rate Frankfort 1860–66. (a)	Computed Cancer Deaths.	
	English Life Table No. 3.	English Census of 1881.		English Life Table No. 3.	English Census of 1881.
MALES.					
Under 20	173,700	230,871	2.7	5	6
20–29	75,680	80,063	3.5	3	3
30–39	68,490	61,985	20.5	14	13
40–49	60,240	47,133	53.1	32	25
50–59	49,900	33,690	225.1	112	76
60–69	36,180	21,214	278.7	101	59
70–79	18,900	9,605	453.9	86	44
80+	5,290	2,067	-514.8	27	11
Total	488,380	486,628		380	237
FEMALES.					
Under 20	179,630	231,730	3.0	5	7
20–29	78,130	87,275	6.0	5	5
30–39	70,400	66,645	27.0	19	18
40–49	62,020	51,099	156.2	97	80
50–59	52,640	37,545	372.4	196	140
60–69	39,700	24,442	477.8	190	117
70–79	22,100	11,732	693.5	153	81
80+	7,000	2,904	332.3	23	10
Total	511,620	513,372		688	458
Both sexes...	1,000,000	1,000,000		1,068	695

(a) Computed, using census population of Frankfort, 1864, from *Stat. d. deut. Reichs*, "Beiträge zur Statistik d. St. Frankfurt-am-Main," II (1866), pt. I, Table XIX, and deaths from *King and Newsholme*, p. 240, supplemented as to deaths under 20 from personal investigation.

TABLE XIII.

STANDARDIZED CANCER DEATH RATES FOR FRANKFORT, 1888-89, BASED ON ENG-
LISH LIFE TABLE NO. 3 AND ON ENGLISH CENSUS OF 1881.

Age.	Standard Million.		Cancer Death Rate per 100,000 Population, Frankfort, 1888-89. (a)	Computed Cancer Deaths.	
	English Life Table No. 3	English Census of 1881.		English Life Table No. 3.	English Census of 1881.
MALES.					
Under 20	173,700	230,871			
20-29	75,680	80,063	2.7	2	2
30-39	68,490	61,985	14.8	10	9
40-49	60,240	47,133	132.6	80	62
50-59	49,900	33,690	362.0	180	122
60-69	36,180	21,214	466.2	169	99
70-79	18,900	9,605	821.4	155	79
80+	5,290	2,067	625.0	33	13
Total.........	488,380	486,628		629	386
FEMALES.					
Under 20	179,630	231,730	3.0	5	7
20-29	78,130	87,275	6.7	5	6
30-39	70,400	66,645	68.6	48	46
40-49	62,020	51,099	200.0	124	102
50-59	52,640	37,545	493.4	260	185
60-69	39,700	24,442	887.1	352	217
70-79	22,100	11,732	815.8	180	96
80+	7,000	2,904	937.5	66	27
Total.........	511,620	513,372		1,040	686
Both sexes	1,000,000	1,000,000		1,669	1,072

(a) The death rates from cancer 1888–89 were computed by using the population of Frankfort December
1, 1889 (estimated by arithmetical method from population of 1885 and 1890 and the average annual
deaths from cancer 1888–89, derived from *King and Newsholm*, Table XIV (the Appendix, Table VII).

TABLE XIV. (a)

DEATH RATE FROM CANCER IN THE REGISTRATION STATES OF 1900 IN THE
YEARS 1900-1910.

Year.	Population.	Deaths from Cancer.	Death Rate per 100,000 Population.
1900	19,995,212	12,769	63.9
1901	20,408,866	13,438	65.8
1902	20,822,520	13,653	65.6
1903	21,236,174	14,650	69.0
1904	21,649,829	15,247	70.4
1905	22,063,484	15,983	72.4
1906	22,477,139	16,426	73.1
1907	22,890,794	17,324	75 7
1908	23,304,449	17,896	76.8
1909	23,718,104	18,830	79.4
1910	24,131,759	20,024	83.0

Increase per 100,000 population, 1900–1910..19.1
Per cent. increase, 1900–1910...29.9

(a) Data kindly furnished the writer in manuscript by the Bureau of the Census.

TABLE XV.

STANDARDIZED CANCER DEATH RATE 1910 IN REGISTRATION STATES AS CONSTITUTED IN 1900. (a)

Age Period.	Males.			Females.		
	Population 1900.	Cancer Death Rate per 100,000 Population 1910.	Estimated Deaths 1910.	Population 1900.	Cancer Death Rate per 100,000 Population 1910.	Estimated Deaths 1910.
Under 5	1,048,490	4.1	43	1,031,197	2.8	29
5-9	1,001,754	1.5	15	988,707	1.2	12
10-14	915,572	1.8	16	909,552	1.4	13
15-19	885,871	2.9	26	926,057	3.5	32
20-24	920,072	4.9	45	993,194	4.1	41
25-34	1,751,535	9.5	166	1,730,952	21.9	379
35-44	1,408,030	33.0	465	1,325,608	88.9	1,178
45-54	966,630	106.7	1,031	928,077	230.7	2,141
55-64	620,054	272.0	1,686	632,720	411.3	2,602
65-74	343,391	493.6	1,695	362,034	616.2	2,231
75+	143,355	693.7	994	162,360	867.8	1,409
Total.....	10,004,754		6,182	9,990,458		10,067

Total population. 19,995,212
Estimated deaths. 16,249
Standardized death rate. 81.3

(a) Population 1900 and cancer death rates 1910 kindly furnished the writer by the Bureau of the Census.

TABLE XVI.

STANDARDIZED CANCER DEATH RATE, ENGLAND AND WALES, 1911.

Age Period.	Males.			Females.		
	Population (a) 1901.	Cancer Death Rate per 100,000 Population (b) 1911.	Estimated Deaths 1911.	Population (a) 1901.	Cancer Death Rate per 100,000 Population (b) 1911.	Estimated Deaths 1911.
Under 5	1,855,361	3.3	61	1,861,347	2.6	48
5-9	1,738,993	2.8	49	1,748,298	1.8	31
10-14	1,670,970	2.2	37	1,670,770	1.3	22
15-19	1,607,522	3.6	58	1,638,621	2.7	44
20-24	1,472,644	6.3	93	1,648,278	4.4	73
25-29	1,328,288	8.5	113	1,496,221	8.0	120
30-34	1,157,666	14.0	162	1,273,665	25.0	318
35-39	1,034,459	27.4	283	1,110,924	56.8	631
40-44	897,484	58.8	528	953,138	113.3	1,080
45-49	759,955	127.2	967	813,233	191.8	1,559
50-54	636,254	224.3	1,427	692,749	264.1	1,829
55-59	497,498	350.0	1,741	555,079	389.4	2,161
60-64	410,447	523.7	2,150	480,226	507.2	2,436
65-69	282,403	695.6	1,964	347,270	622.6	2,162
70-74	195,465	868.4	1,697	250,868	808.1	2,027
75-79	113,096	947.0	1,071	151,384	889.0	1,346
80-84	52,137	851.0	444	76,631	863.8	662
85+	17,971	738.9	133	30,528	808.4	247
Total...	15,728,613		12,978	16,799,230		16,796

Total population. 32,527,843
Estimated deaths. 29,774
Standardized death rate. 91.5

(a) From *Census of England and Wales*, 1901. *Summary Tables*, p. 139.
(b) Computed, using population for 1911 from *Census of England and Wales, 1911*, VII, pp. 1, 2; and deaths for 1911 from *74th Ann. Rep. of R. . . . . 1911, . , 201.*

TABLE XVII.

STANDARDIZED CANCER DEATH RATE OF ENGLAND AND WALES, 1891–1900.

Age Period.	Males.			Females.		
	Standard Million 1881–1890.	Cancer Death Rate per 100,000 Population 1891–1900.	Estimated Deaths 1891–1900.	Standard Million 1881–1890.	Cancer Death Rate per 100,000 Population 1891–1900.	Estimated Deaths 1891–1900.
Under 5	64,122	3.3	2	64,557	2.8	2
5–9	59,333	1.8	1	59,673	1.4	1
10–14	54,806	1.9	1	54,765	1.4	1
15–19	49,720	3.2	2	50,287	2.7	1
20–24	42,922	5.1	2	47,564	3.9	2
25–34	71,131	9.9	7	77,499	17.5	14
35–44	55,095	38.4	21	58,944	89.1	53
45–54	40,472	130.0	53	44,478	232.3	103
55–64	27,151	316.0	86	30,893	409.9	127
65–74	15,184	532.5	81	18,326	582.9	107
75+	5,591	582.4	33	7,487	637.7	48
Total....	485,527		289	514,473		459

Standardized death rate per 100,000... 74.8

(a) Standard million from *Supp. to 65th Ann. Rep. of Registrar-General* (1891–1900), p. xi; average annual deaths per million, *Ibid.*, p. cxcv.

TABLE XVIII.

STANDARDIZED CANCER DEATH RATE, NEW YORK CITY, 1910.

Age Period.	Males.			Females.		
	Population 1900.	Cancer Death Rate per 100,000 Population (a) 1910.	Estimated Deaths 1910.	Population 1900.	Cancer Death Rate per 100,000 Population (a) 1910.	Estimated Deaths 1910.
Under 5	199,683	7.0	14	197,604	2.8	6
5–9	177,591	0.9	2	177,156	2.3	4
10–14	149,906	1.4	2	151,358	1.4	2
15–19	140,670	4.1	6	162,081	3.3	5
20–24	161,988	9.9	16	192,853	2.8	5
25–34	343,178	12.4	43	338,175	26.4	89
35–44	261,095	44.3	116	232,950	107.9	251
45–54	146,495	172.9	253	141,837	281.4	399
55–64	78,692	398.4	314	82,591	497.9	411
65–74	32,915	733.2	241	39,314	665.0	261
75+	9,799	681.4	67	13,835	884.6	122
Total....	1,702,012		1,074	1,729,754		1,555

Total population... 3,431,766
Estimated deaths... 2,629
Standardized death rate.. 76.6

(a) Death rates kindly furnished in manuscript by Bureau of the Census.

TABLE XIX.

STANDARDIZED CANCER DEATH RATE, LONDON, (a) 1911.

Age Period.	Males.			Females.		
	Population 1901. (b)	Cancer Death Rate per 100,000 Population (c) 1911.	Estimated Deaths 1911.	Population 1901. (b)	Cancer Death Rate per 100,000 Population (c) 1911.	Estimated Deaths 1911.
Under 15	675,970	3.5	24	681,904	2.3	16
15–24	426,271	5.5	23	493,478	3.8	19
25–34	371,418	11.8	44	437,763	16.0	70
35–39	150,706	30.4	46	168,882	60.2	102
40–44	129,992	64.0	83	141,486	128.0	181
45–49	107,320	164.9	177	119,010	170.5	203
50–54	87,913	279.5	246	99,284	268.1	266
55–59	65,784	439.3	289	75,821	392.5	298
60–64	52,932	664.3	352	65,153	508.2	331
65–69	33,341	855.0	285	45,125	591.9	267
70–74	21,662	1,130.3	245	32,647	764.7	250
75–79	11,816	1,104.1	130	19,612	942.7	185
80–84	5,218	993.6	52	10,200	963.6	98
85+	1,742	624.2	11	4,091	997.3	41
Total.....	2,142,085		2,007	2,394,456		2,327

Total population.. 4,536,541
Estimated deaths.. 4,334
Standardized death rate... 95.5

(a) Administrative, or Registration. County.
(b) From Census of England and Wales, 1901. Summary Tables, pp. 148–149.
(c) From 74th Annual Report of Registrar-General, 1901, p. lxxvi.

TABLE XX. (a)

DEATH RATES FROM CANCER IN VARIOUS EUROPEAN COUNTRIES AND THE AUSTRALIAN COLONIES.

Year.	Death Rate from Cancer per 100,000 Population.	Year.	Death Rate from Cancer per 100,000 Population.	Year.	Death Rate from Cancer per 100,000 Population.	Year.	Death Rate from Cancer per 100,000 Population.
			ENGLAND AND WALES. (b)				
1858	32.9	1872	43.1	1886	59.0	1900	83.9
1859	33.7	1873	44.4	1887	61.5	1901	84.3
1860	34.1	1874	46.1	1888	62.2	1902	84.6
1861	36.0	1875	47.1	1889	65.6	1903	87.4
1862	36.1	1876	47.3	1890	67.6	1904	88.2
1863	36.1	1877	48.8	1891	69.2	1905	88.9
1864	38.6	1878	50.3	1892	69.2	1906	92.2
1865	37.2	1879	50.1	1893	71.0	1907	91.5
1866	38.5	1880	51.4	1894	71.2	1908	93.3
1867	39.2	1881	52.0	1895	75.3	1909	96.1
1868	40.3	1882	53.4	1896	76.4	1910	96.7
1869	41.7	1883	54.9	1897	78.5		
1870	42.4	1884	56.5	1898	79.9		
1871	42.4	1885	57.2	1899	82.6		

(a) Computed from figures for population and deaths in *March*, Vols. I and II.
(b) Figures going back to 1838 may be found in the successive *Annual Reports of the Registrar-General.*

SCOTLAND.

1855	29.2	1869	43.1	1883	53.6	1897	74.7
1856	30.3	1870	41.1	1884	55.1	1898	79.5
1857	31.9	1871	42.5	1885	56.3	1899	81.3
1858	31.8	1872	45.8	1886	59.5	1900	78.9
1859	33.0	1873	44.7	1887	60.6	1901	81.8
1860	33.2	1874	47.3	1888	62.1	1902	82.3
1861	38.0	1875	47.6	1889	66.5	1903	83.8
1862	37.2	1876	47.7	1890	60.7	1904	85.9
1863	37.2	1877	48.2	1891	67.0	1905	90.0
1864	41.2	1878	50.4	1892	66.6	1906	97.6
1865	39.5	1879	49.9	1893	68.3	1907	97.9
1866	41.3	1880	50.5	1894	70.3	1908	98.5
1867	39.7	1881	51.1	1895	71.1	1909	101.6
1868	40.5	1882	54.5	1896	70.8	1910	102.7

IRELAND.

1864	26.6	1876	32.2	1888	41.7	1900	60.8
1865	28.6	1877	35.4	1889	44.9	1901	65.1
1866	30.7	1878	36.2	1890	45.5	1902	64.5
1867	30.2	1879	33.9	1891	46.2	1903	69.0
1868	30.1	1880	34.1	1892	47.9	1904	69.4
1869	30.5	1881	37.1	1893	49.5	1905	74.9
1870	33.1	1882	36.9	1894	51.8	1906	79.2
1871	32.1	1883	39.7	1895	50.4	1907	76.2
1872	32.6	1884	39.1	1896	53.7	1908	75.7
1873	32.7	1885	39.0	1897	58.2	1909	80.0
1874	33.4	1886	41.4	1898	58.8	1910	83.7
1875	33.2	1887	42.6	1899	59.0		

NORWAY.

1870	27.1	1881	45.7	1891	61.3	1901	95.1
1871	27.3	1882	46.2	1892	63.7	1902	91.5
1872	27.0	1883	49.4	1893	69.7	1903	93.2
1873	34.5	1884	51.6	1894	71.4	1904	96.0
1874	31.9	1885	53.1	1895	71.2	1905	98.4
1875	34.6	1886	50.4	1896	81.1	1906	97.6
1876	34.4	1887	55.6	1897	85.4	1907	100.3
1877	37.1	1888	55.2	1898	84.2	1908	97.2
1878	37.6	1889	56.4	1899	89.1	1909	95.2
1879	41.8	1890	57.0	1900	91.3	1910	92.9
1880	41.4						

AUSTRIA.

1873	33.0	1883	44.4	1893	59.0	1902	74.2
1874	33.9	1884	45.7	1894	60.8	1903	73.7
1875	35.2	1885	47.6	1895	63.7	1904	74.9
1876	36.4	1886	48.3	1896	65.8	1905	76.2
1877	37.4	1887	47.8	1897	67.9	1906	77.9
1878	38.4	1888	49.3	1898	69.4	1907	77.3
1879	40.7	1889	51.6	1899	69.9	1908	78.0
1880	40.7	1890	52.6	1900	70.9	1909	78.7
1881	42.2	1891	54.3	1901	72.9	1910	77.9
1882	42.7	1892	57.0				

SWITZERLAND.

1877	78.9	1886	111.5	1895	122.2	1903	129.7
1878	82.4	1887	110.4	1896	120.0	1904	128.6
1879	86.6	1888	113.8	1897	123.4	1905	127.4
1880	90.7	1889	111.7	1898	123.3	1906	129.1
1881	99.3	1890	111.8	1899	122.0	1907	122.5
1882	99.1	1891	114.4	1900	125.4	1908	128.0
1883	101.0	1892	119.8	1901	127.9	1909	126.7
1884	103.9	1893	116.0	1902	125.8	1910	123.5
1885	106.5	1894	116.2				

GERMAN EMPIRE. (a)

Year		Year		Year		Year	
1892	61.0	1897	69.3	1902	75.0	1907	83.2
1893	63.0	1898	70.4	1903	77.2	1908	83.7
1894	64.5	1899	73.7	1904	79.8	1909	84.5
1895	65.7	1900	72.1	1905	80.9	1910	87.9
1896	68.1	1901	74.7	1906	81.3		

PRUSSIA.

Year		Year		Year		Year	
1875	22.9	1884	35.3	1893	51.1	1902	61.9
1876	24.2	1885	35.8	1894	52.8	1903	65.2
1877	26.5	1886	38.3	1895	53.2	1904	68.6
1878	28.2	1887	38.1	1896	54.8	1905	69.4
1879	28.8	1888	40.9	1897	56.0	1906	70.4
1880	29.9	1889	43.5	1898	56.3	1907	73.4
1881	31.1	1890	43.3	1899	59.3	1908	73.6
1882	31.9	1891	44.7	1900	59.6	1909	74.8
1883	33.8	1892	49.6	1901	61.7	1910	78.5

BAVARIA.

Year		Year		Year		Year	
1888	79.4	1894	92.6	1900	99.3	1906	110.5
1889	81.6	1895	94.9	1901	102.9	1907	106.8
1890	81.0	1896	95.3	1902	103.4	1908	108.2
1891	88.7	1897	96.9	1903	107.4	1909	109.7
1892	85.0	1898	97.3	1904	110.2	1910	114.2
1893	90.0	1899	101.9	1905	108.9		

SAXONY. (b)

Year		Year		Year		Year	
1892	85.7	1897	95.2	1902	97.0	1907	97.3
1893	85.7	1898	91.2	1903	91.0	1908	94.3
1894	89.1	1899	94.8	1904	88.2	1909	93.9
1895	89.5	1900	93.6	1905	91.6	1910	93.9
1896	93.2	1901	97.4	1906	93.8		

WURTEMBERG.

Year		Year		Year		Year	
1892	71.4	1897	80.0	1902	97.4	1907	102.8
1893	71.4	1898	95.0	1903	98.4	1908	102.9
1894	70.7	1899	94.0	1904	98.7	1909	105.5
1895	75.2	1900	94.0	1905	104.2	1910	107.3
1896	82.1	1901	94.4	1906	99.3		

HOLLAND.

Year		Year		Year		Year	
1875	47.9	1884	61.6	1893	80.8	1902	95.0
1876	48.5	1885	66.0	1894	81.0	1903	98.9
1877	50.2	1886	67.0	1895	85.4	1904	97.9
1878	51.1	1887	65.3	1896	88.5	1905	101.2
1879	52.5	1888	69.5	1897	90.4	1906	100.7
1880	54.4	1889	75.3	1898	93.0	1907	101.8
1881	57.6	1890	73.4	1899	96.0	1908	102.8
1882	58.4	1891	79.4	1900	91.8	1909	102.6
1883	58.0	1892	79.9	1901	93.7	1910	106.4

(a) Figures include about 94 per cent. of the population.   For details see notes in *March*, I and II.
(b) For figures running back to 1873 see *Zeitschr. d. k. Sächs. Stat. Landesamtes* 1905, p. 263.

SPAIN.

1900	39.3	1903	44.1	1906	47.6	1909	51.0
1901	42.4	1904	46.6	1907	47.5	1910	52.3
1902	43.3	1905	45.8	1908	51.4		

ITALY.

1887	42.7	1893	42.9	1899	51.9	1905	58.3
1888	42.3	1894	44.5	1900	52.2	1906	62.0
1889	43.0	1895	48.2	1901	52.7	1907	61.7
1890	42.7	1896	49.1	1902	53.9	1908	64.5
1891	43.0	1897	50.3	1903	53.8	1909	64.2
1892	42.6	1898	51.1	1904	57.1	1910	65.6

SERBIA.

1895	5.5	1899	9.5	1903	9.1	1907	13.3
1896	6.6	1900	9.5	1904	10.3	1908	12.6
1897	7.0	1901	9.1	1905	10.4	1909	13.1
1898	7.4	1902	9.6	1906	10.6	1910	12.8

NEW SOUTH WALES.

1875	30.9	1884	26.4	1893	40.7	1902	62.3
1876	27.5	1885	28.8	1894	42.1	1903	65.4
1877	26.6	1886	34.4	1895	44.4	1904	66.0
1878	29.0	1887	35.2	1896	48.9	1905	65.3
1879	24.7	1888	39.0	1897	53.3	1906	69.0
1880	32.8	1889	36.9	1898	54.4	1907	70.8
1881	28.2	1890	35.6	1899	57.1	1908	67.5
1882	26.9	1891	45.2	1900	56.5	1909	72.5
1883	25.7	1892	43.3	1901	61.7	1910	71.7

VICTORIA.

1864	21.7	1876	38.0	1888	49.4	1900	68.5
1865	24.7	1877	40.7	1889	57.7	1901	73.4
1866	18.4	1878	38.3	1890	56.0	1902	70.4
1867	18.6	1879	45.9	1891	60.9	1903	76.1
1868	27.6	1880	45.1	1892	58.8	1904	73.9
1869	26.8	1881	40.4	1893	62.6	1905	78.6
1870	30.0	1882	41.9	1894	63.1	1906	75.5
1871	26.2	1883	49.5	1895	64.2	1907	82.1
1872	30.0	1884	47.8	1896	66.7	1908	81.8
1873	32.6	1885	46.5	1897	65.5	1909	82.6
1874	34.5	1886	50.4	1898	73.1	1910	82.5
1875	39.1	1887	51.8	1899	71.0		

QUEENSLAND.

1880	23.0	1888	23.3	1896	39.3	1904	57.2
1881	29.4	1889	32.7	1897	39.1	1905	66.7
1882	22.7	1890	28.2	1898	46.5	1906	54.7
1883	26.1	1891	33.1	1899	47.8	1907	66.4
1884	31.4	1892	31.3	1900	47.7	1908	61.0
1885	16.7	1893	28.3	1901	55.0	1909	60.7
1886	27.6	1894	35.8	1902	55.0	1910	67.3
1887	22.8	1895	·41.7	1903	49.1		

SOUTH AUSTRALIA.

1880	28.1	1888	37.8	1896	52.5	1904	63.4
1881	32.6	1889	43.1	1897	51.8	1905	69.2
1882	31.0	1890	41.4	1898	51.1	1906	76.9
1883	29.2	1891	49.1	1899	57.0	1907	74.5
1884	35.9	1892	45.5	1900	59.8	1908	73.6
1885	32.8	1893	50.9	1901	60.5	1909	80.0
1886	34.1	1894	47.0	1902	75.0	1910	80.7
1887	36.0	1895	47.4	1903	73.5		

WEST AUSTRALIA.

1895	27.2	1899	35.5	1903	41.6	1907	50.0
1896	25.2	1900	29.7	1904	44.3	1908	54.3
1897	34.0	1901	44.4	1905	50.8	1909	68.0
1898	33.3	1902	41.3	1906	59.2	1910	49.5

TASMANIA.

1895	48.7	1899	53.2	1903	56.2	1907	62.9
1896	60.1	1900	53.8	1904	52.0	1908	67.6
1897	50.0	1901	54.6	1905	54.2	1909	67.4
1898	59.3'	1902	61.9	1906	51.9	1910	66.5

NEW ZEALAND.

1880	28.1	1888	43.5	1896	55.1	1904	67.6
1881	27.2	1889	42.5	1897	54.7	1905	65.1
1882	28.9	1890	47.5	1898	64.0	1906	69.5
1883	29.9	1891	46.8	1899	62.4	1907	73.5
1884	34.5	1892	47.8	1900	56.3	1908	70.8
1885	31.1	1893	50.2	1901	66.2	1909	74.1
1886	36.8	1894	60.1	1902	67.2	1910	76.1
1887	39.9	1895	55.4	1903	71.0		

TABLE XXI. (a)

PROPORTION OF TOTAL DEATHS OCCURRING IN HOSPITALS, NEW YORK CITY, 1898–1915.

Year.	Total Deaths.	Deaths in Hospitals.	Per Cent. Occurring in Hospitals.
1898	66,294	10,799	16.3
1899	65,343	11,749	18.0
1900	70,872	12,609	17.8
1901	70,720	13,343	18.9
1902	68,112	12,613	18.5
1903	67,864	14,695	21.6
1904	78,060	17,138	22.0
1905	73,714	18,103	24.6
1906	76,203	19,163	25.1
1907	79,205	21,444	27.1
1908	73,072	20,684	28.3
1909	74,105	21,451	28.9
1910	76,742	22,631	29.5
1911	75,423	23,466	31.1
1912	73,008	22,198	30.4
1913	73,902	22,788	30.8
1914	74,803	23,823	31.8
1915	76,193	25,095	32.9

(a) Figures kindly furnished the writer by the Bureau of Records, New York City. Hospitals, as here used, include only those institutions "which individuals enter direct from their homes," and not those "of which decedents were residents at the time of death."

TABLE XXII. (a)

PROPORTION OF DEATHS IN HOSPITALS TO TOTAL DEATHS, FORMER CITY OF NEW YORK, 1889–1897.

Year.	Total Deaths.	Deaths in Hospitals.	Per Cent. of Deaths Occurring in Hospitals.
1889	39,583	6,102	15.4
1890	40,103	6,310	15.7
1891	43,659	6,948	15.9
1892	44,329	7,681	17.3
1893	44,486	8,306	18.7
1894	41,175	7,742	18.8
1895	43,420	8,091	18.6
1896	41,622	8,530	20.4
1897	38,857	8,534	22.0

(a) Data derived from the successive *Annual Reports of the New York City Department of Health.*

TABLE XXIII. (a)

HOSPITAL BEDS TO 100,000 POPULATION, GERMAN EMPIRE, 1877–1910.

Year.	Hospital Beds per 100,000 Population.	Year.	Hospital Beds per 100,000 Population.
1877	166	1902	325
1879	175	1903	335
1882	182	1904	345
1885	201	1905	356
1888	224	1906	364
1891	246	1907	376
1894	266	1908	382
1897	273	1909	391
1900	295	1910	400
1901	310		

(a) Computed from *Stat. Jahrb. für d. D. Reich*, XXXVI (1915), population p. 2; hospital statistics p. 446.

TABLE XXIV.

PROPORTION OF DEATHS FROM CANCER AND FROM TUMOR TO DEATHS FROM BOTH CAUSES, UNITED STATES, 1880–1914.

Year.	Deaths from			Per Cent. Cancer.	Per Cent. Tumor.
	Cancer and Tumor.	Cancer.	Tumor.		
UNITED STATES (ENTIRE AREA).					
1880	14,849	13,068	1,781	88.0	12.0
1890	20,984	18,536	2,448	88.3	11.7
1900	32,902	29,475	3,427	89.6	10.4

UNITED STATES (REGISTRATION AREA). (a)

1900	19,962	19,381	581	97.1	2.9
1901	20,676	20,171	505	97.5	2.5
1902	21,306	20,847	459	97.8	2.2
1903	22,856	22,325	531	97.7	2.3
1904	23,839	23,395	444	98.1	1.9
1900–1904	108,639	106,119	2,520	97.7	2.3
1905	24,831	24,330	501	98.0	2.0
1906	29,490	29,020	470	98.4	1.6
1907	31,022	30,514	508	98.4	1.6
1908	33,923	33,465	458	98.6	1.4
1909	38,020	37,562	458	98.8	1.2
1905–1909	157,286	154,891	2,395	98.5	1.5
1910	41,592	41,039	553	98.7	1.3
1911	44,479	44,024	455	99.0	1.0
1912	46,908	46,531	377	99.2	0.8
1913	50,225	49,928	297	99.4	0.6
1914	52,756	52,420	336	99.4	0 6
1910–1914	235,960	233,942	2,018	99.1	0.9

(a) See comments, pp. 734–735.

TABLE XXV. (a)

DEATH RATES FROM CANCER AND FROM TUMOR IN THE REGISTRATION STATES
OF 1900, FOR THE YEARS 1900-1915.

Year.	Population.	Deaths from			Death Rate per 100,000 Population.			Per Cent. of Deaths from Cancer.
		Cancer.	Tumor.	Both.	Cancer.	Tumor.	Both.	
1900	19,995,212	12,769	394	13,163	63.9	2.0	65.9	97.0
1901	20,408,866	13,438	332	13,770	65.8	1.6	67.4	97.6
1902	20,822,520	13,653	287	13,940	65.6	1.4	67,0	97.9
1903	21,236,174	14,650	355	15,005	69.0	1.7	70.7	97.6
1904	21,649,829	15,247	294	15,541	70.4	1.4	71.8	98.1
1905	22,063,484	15,983	318	16,301	72.4	1.4	73.8	98.1
1906	22,477,139	16,426	284	16,710	73.1	1.3	74.4	98.3
1907	22,890,794	17,324	278	17,602	75.7	1.2	76.9	98.5
1908	23,304,449	17,896	229	18,125	76.8	1.0	77.8	98.7
1909	23,718,104	18,830	227	19,057	79.4	1.0	80.4	98.8
1910	24,131,759	20,024	294	20,318	83.0	1.2	84.2	98.6
1911	24,545,413	20,596	203	20,799	83.9	0.8	84.7	99.1
1912	24,959,067	21,451	169	21,620	85.9	0.7	86.6	99.2
1913	25,372,721	22,497	119	22,616	88.7	0.5	89.2	99.4
1914	25,786,376	22,967	144	23,111	89.1	0.6	89.7	99.3
1915	26,200,032	24,061	138	24,199	91.8	0.5	92.3	99.4

(a) Population, deaths and death rates from cancer kindly furnished the writer in manuscript by the Bureau of the Census; figures for tumor compiled from successive volumes of *Mortality Statistics*.

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TABLE XXVI. (a)

ĎEATH RATES FROM CANCER AND FROM TUMOR, MASSACHUSETTS, BY QUIN-
QUENNIAL PERIODS, 1853-1912.

Period.	Mid-period Census Population.	Average Annual Number of Deaths from			Death Rates per 100,000 Population.			Per Cent. of Deaths from Cancer.
		Cancer.	Tumor.	Both.	Cancer.	Tumor.	Both.	
1853–1857	1,132,369	219	60	279	19.3	5.3	24.6	78.5
1858–1862	1,231,066	317	61	378	25.8	4.9	30.7	83.9
1863–1867	1,267,031	376	67	443	29.7	5.3	35.0	84.9
1868–1872	1,457,351	509	84	593	34.9	5.8	40.7	85.8
1873–1877	1,651,912	618	90	708	37.4	5.4	42.8	87.3
1878–1882	1,783,085	907	68	975	50.8	3.8	54.6	93.0
1883–1887	1,942,141	1,090	64	1,154	56.1	3.3	59.4	94.5
1888–1892	2,238,943	1,357	70	1,427	60.6	3.1	63.7	95.1
1893–1897	2,500,183	1,677	95	1,772	67.1	3.8	70.9	94.6
1898–1902	2,805,346	1,993	85	2,078	71.0	3.0	74.0	96.0
1903–1907	3,003,680	2,502	76	2,578	83.3	2.5	85.8	97.1
1908–1912	3,366,416	3,039	42	3,081	90.2	1.2	91.4	98.6

(a) Population from federal and state censuses; deaths from cancer and tumor from successive state
Registration Reports.

TABLE XXVII. (a)

DEATH RATES FROM OLD AGE IN THE REGISTRATION STATES OF 1900, FOR THE
YEARS 1900-1915.

Year.	Population.	Deaths from Old Age.	Death Rates from Old Age per 100,000 Population.
1900	19,995,212	10,015	50.1
1901	20,408,866	9,771	47.9
1902	20,822,520	9,309	44.7
1903	21,236,174	8,604	40.5
1904	21,649,829	8,702	40.2
1905	22,063,484	8,251	37.4
1906	22,477,139	8,432	37.5
1907	22,890,794	7,614	33.3
1908	23,304,449	6,943	29.8
1909	23,718,104	6,472	27.3
1910	24,131,759	6,321	26.2
1911	24,545,413	6,070	24.7
1912	24,959,067	6,426	25.8
1913	25,372,721	5,795	22.8
1914	25,786,376	4,901	19.0
1915	26,200,032	4,380	16.7

(a) Population figures from manuscript table kindly furnished by the Bureau of the Census; deaths
from old age from the successive volumes of *Mortality Statistics.*

TABLE XXVIII. (a)

DEATH RATE FROM CANCER IN CITIES AND RURAL DISTRICTS OF THE REGIS-
TRATION STATES OF 1900, FOR YEARS 1900-1915.

Year.	Population.		Deaths from Cancer.		Death Rate per 100,000 Population.	
	Cities.	Rural Districts.	Cities.	Rural Districts.	Cities.	Rural. Districts.
1900	10,690,666	9,304,546	7,060	5,709	66.0	61.4
1901	11,105,137	9,303,729	7,717	5,721	69.5	61.5
1902	11,519,608	9,302,912	7,844	5,809	68.1	62.4
1903	11,934,080	9,302,094	8,498	6,152	71.2	66.1
1904	12,348,553	9,301,276	8,892	6,355	72.0	68.3
1905	12,763,026	9,300,458	9,323	6,660	73.0	71.6
1906	13,177,499	9,299,640	10,065	6,361	76.4	68.4
1907	13,591,972	9,298,822	10,544	6,780	77.6	72.9
1908	14,006,445	9,298,004	10,809	7,087	77.2	76.2
1909	14,420,918	9,297,186	11,530	7,300	80.0	78.5
1910	14,838,879	9,292,880	12,302	7,722	82.9	83.1
1911	15,202,813	9,342,600	12,760	7,836	83.9	83.9
1912	15,565,218	9,393,849	13,437	8,014	86.3	85.3
1913	15,927,982	9,444,739	14,042	8,455	88.2	89.5
1914	16,294,421	9,491,955	14,546	8,421	89.3	88.7
1915	16,662,676	9,537,356	15,208	8,853	91.3	92.8

(a) Data kindly furnished the writer in manuscript by the Bureau of the Census.

TABLE XXIX. (a)

DEATH RATES FROM CANCER IN CERTAIN EUROPEAN COUNTRIES CLASSIFIED
BY CITY AND REST OF COUNTRY.

Year.	Population.		Deaths from Cancer.		Death Rates from Cancer per 100,000 Population.	
	Urban.	Rest of Country.	Urban.	Rest of Country.	Urban.	Rest of Country.
ENGLAND AND WALES. (b)						
1881	5,058,823	20,987,319	2,898	10,644	57.3	50.7
1891	5,546,621	23,539,198	4,217	15,900	76.0	67.5
1901	6,141,048	26,471,086	5,553	21,934	90.4	82.9
1909	6,222,293	29,205,379	6,687	27,366	107.5	93.7
SCOTLAND. (c)						
1881	740,890	3,001,674	424	1,490	57.2	49.6
1891	829,394	3,206,851	584	2,119	70.4	66.1
1901	1,092,515	3,386,550	864	2,798	79.1	82.6
1909	1,102,996	3,604,862	1,213	3,569	110.0	99.0

(a) Data from *Hoffman*, supplemented by material from *Falkenburg* and *March*.
(b) Cities are Birmingham, Bradford, Derby, Liverpool and London.
(c) Cities are Edinburg and Glasgow.

NORWAY. (d)

1881	120,722	1,793,278	105	769	87.0	42.9
1891	153,887	1,842,113	147	1,077	95.5	58.5
1901	228,336	2,006,664	222	1,904	97.2	94.9
1909	239,704	2,098,296	239	1,987	99.7	94.7

NETHERLANDS. (e)

1881	683,889	3,403,445	475	1,878	69.5	55.2
1891	890,776	3,702,379	743	2,905	83.4	78.5
1901	1,193,689	4,023,554	1,104	3,790	92.5	94.2
1909	1,366,862	4,453,613	1,385	4,627	101.3	103.9

AUSTRIA. (f)

1881	976,535	21,232,465	1,162	8,202	119.0	38.6
1891	1,683,096	22,312,904	2,018	11,009	119.9	49.3
1901	2,065,344	24,113,412	2,462	16,692	119.2	69.2
1908	2,416,104	25,427,421	3,207	18,973	132.7	74.6

(d) City is Christian.
(e) Cities are Amsterdam, the Hague, Rotterdam and Utrecht.
(f) Cities are Prague and Vienna.

TABLE XXX. (a)

DEATH RATES FROM CANCER, CLASSIFIED BY COLOR OF DECEDENT, IN THE
REGISTRATION STATES OF 1910, FOR THE YEARS 1910-1915.

Year.	Population.	Deaths from Cancer.	Death Rate from Cancer per 100,000 Population.
		TOTAL	
1910	47,807,766	36,364	76.1
1911	48,756,771	37,269	76.4
1912	49,595,220	39,279	79.2
1913	50,493,332	41,430	82.1
1914	51,455,677	42,706	83.0
1915	52,357,716	44,440	84.9
		WHITE.	
1910	46,425,660	35,638	76.8
1911	47,344,587	36,432	77.0
1912	48,153,883	38,424	79.8
1913	49,025,379	40,490	82.6
1914	49,941,006	41,716	83.5
1915	50,845,959	43,400	85.4
		COLORED.	
1910	1,382,106	726	52.6
1911	1,412,184	837	59.3
1912	1,441,337	855	59.3
1913	1,467,953	940	64.0
1914	1,514,671	990	65.4
1915	1,511,757	1,040	68 8

(a) Figures for 1910-1913 from a manuscript table kindly furnished the writer by the Bureau of the Census.

TABLE XXXI. (a)

DEATH RATES FROM CANCER CLASSIFIED BY SEX AND AGE, AND RATE OF DE-
CENNIAL INCREASE, REGISTRATION STATES OF 1900, FOR 1900 AND 1910.

Age.	Males.			Females.		
	Death Rate from Cancer per 100,000 Population.		Rate of Increase 1900–1910.	Death Rate from Cancer per 100,000 Population.		Rate of Increase 1900–1910.
	1900.	1910.		1900.	1910.	
25–34	9.1	9.5	4	18.9	21.9	16
35–44	28.1	33.0	17	78.8	88.9	13
45–54	83.5	106.7	28	196.6	230.7	17
55–64	189.3	272.0	44	330.5	411.3	24
65–74	377.4	493.6	31	461.6	616.2	33
75+	516.9	693.7	34	609.1	867.8	42

(a) From a manuscript table kindly furnished the writer by the Bureau of the Census.

TABLE XXXII. (a)

DEATH RATES FROM CANCER PER 100,000 POPULATION CLASSIFIED BY SEX AND
AGE, MASSACHUSETTS, 1860–1910.

Age Period.	1860.	1870.	1880.	1890.	1900.	1910.
MALES.						
30–39	6.6	6.9	11.9	7.1	16.9	17.9
40–49	20.4	27.5	39.0	29.3	62.5	61.4
50–59	63.4	83.4	99.7	118.2	145.6	161.6
60–69	105.7	154.2	168.7	267.1	277.6	415.9
70–79	166.6	267.2	408.3	332.8	497.1	658.4
80+	349.7	354.8	491.1	331.7	655.4	955.1
FEMALES.						
30–39	17.1	23.0	46.3	45.5	38.1	48.5
40–49	79.5	84.8	116.0	138.2	149.2	160.5
50–59	145.2	139.7	219.4	261.8	284.5	317.9
60–69	162.0	216.9	282.7	387.6	451.4	558.5
70–79	202.5	254.8	371.9	527.3	555.2	817.7
80+	341.4	379.4	320.2	438.2	680.1	861.4

PER CENT. OF DECENNIAL INCREASE IN DEATH RATE.

Age Period.	1860–1870.	1870–1880.	1880–1890.	1890–1900.	1900–1910.
MALES.					
30–39	4.5	72.5	−40.3 (b)	138.0	5.9
40–49	4.2	41.8	−24.9 (b)	113.3	−1.8 (b)
50–59	31.5	19.5	18.6	23.2	11.0
60–69	45.9	9.4	58.3	3.9	49.8
70–79	60.4	52.8	−18.5 (b)	49.4	32.5
80+	1.5	38.4	−32.5 (b)	97.6	45.7
FEMALES.					
30–39	34.5	101.3	−1.7 (b)	−16.3 (b)	27.3
40–49	6.7	36.8	19.1	8.0	7.6
50–59	−3.8 (b)	57.1	19.3	8.7	11.7
60–69	33.9	30.3	37.1	16.5	23.7
70–79	25.8	46.0	41.8	5.3	47.3
80+	11.1	−15.6 (b)	36.8	55.2	26.7

℈ (a) Population figures used in computing these rates are those of the Federal censuses; deaths, those in the successive *Massachusetts Registration Reports.*
(b) Decrease.

TABLE XXXIII. (a)

DEATH RATE FROM APPENDICITIS IN THE REGISTRATION STATES OF 1900, FOR THE YEARS 1900-1915.

Year.	Population.	Deaths from Appendicitis.	Death Rate per 100,000 Population.
1900	19,995,212	1,763	8.8
1901	20,408,866	1,794	8.8
1902	20,822,520	1,825	8.8
1903	21,236,174	2,031	9.6
1904	21,649,829	2,224	10.3
1905	22,063,484	2,256	10.2
1906	22,477,139	2,318	10.3
1907	22,890,794	2,326	10.2
1908	23,304,449	2,396	10.3
1909	23,718,104	2,550	10.8
1910	24,131,759	2,685	11.1
1911	24,545,413	2,783	11.3
1912	24,959,067	2,743	11.0
1913	25,372,721	2,940	11.6
1914	25,786,376	3,149	12.2
1915	26,200,032	3,221	12.3

(a) Data kindly furnished the writer in manuscript by the Bureau of the Census.